MASSACHUSETTS DEPIDIVISION OF WATER SUPPLY INORGANICS REPORT (FORM #1A.3)

<pre>1. PWS INFOR 1. PWS ID#:</pre>				ity/Town:	•	N		
							ne): CC	OM, NTNC, NC
5. DEP Sour								
Buny	an Rd.		We	lls	8/7/	06	C. 3	albert
9. Is the Source Treated? \(\frac{1}{2} \) 10. Was the Sample Collected after Treatment? \(\frac{1}{2} \) 11. Manifolded: [] If applicable, list the connected sources:								
12. Routine [X] Special [] (explain below) Notes:								
I. LABORATORY	ANALYTICA	L INFORMA	TION:					
Lab Name: _	Lab Name: Spectrum Analytical, Inc. Lab Cert.#: MA138/MA1110							
Subcontract (use symbols t	Lab Sample ID#: sa49098-01							
Cub tab Ma				a -	rt. #:	inn Course	Lab Symb	ool:
composite:	[] II app	licabie,	list the	composite	ed sources	(DEP Source	e Code/Sam	aple Location):
Notes:								
Compound (regulated)	Lab Sample ID#	Result mg/L	MCL mg/L	Detection Limit mg/L	Analytical Method	Date Analyzed	Lab Symbol	
Arsenic	SA49098-01	BRL	0.05	0.0005	EPA 200.8	8/8/06	~	
Barium	SA49098-01	0.0307	2.0	0.0005	EPA 200.8	8/8/06		
Cadmium	SA49098-01	BRL	0.005	0.0005	EPA 200.8	8/8/06		
Chromium	SA49098-01	0.0017	0.1	0.0010	EPA 200.8	8/8/06		-
Fluoride*	SA49098-01	BRL	4.0	0.100	EPA 300.0	8/8/06		
Mercury**	SA49098-01	BRL	0.002	0.00020	EPA 245.1	8/14/06		-
Selenium	SA49098-01	BRL	0.05	0.0005	EPA 200.8	8/8/06		
Sodium	SA49098-01	9.27	none	0.500	EPA 200.7	8/11/06		
Antimony	SA49098-01	BRL	0.006	0.0005	EPA 200.8	8/8/06		
Beryllium	SA49098-01	BRL	0.004	0.0005	EPA 200.8	8/8/06		
Nickel	SA49098-01	BRL	none	0.0010	EPA 200.8	8/8/06		
Thallium	SA49098-01	BRL	0.002	0.0005	EPA 200.8	8/8/06		
Cyanide	SA49098-01	BRL	0.2	0.0100	10-204-00-1-A	8/12/06		1
Compound (unregulated)	Lab Sample ID#	Result mg/L	MCL mg/L	Detection Limit mg/L	Analytical Method	Date Analyzed	Lab Symbol	
Sulfate	SA49098-01	8.06	none	1.00	EPA 300.0	8/8/06]
There is also a secondary MCL for fluoride which is 2.0 mg/L * Please note that if method 245.1 is used for mercury, only method revision 3.0 will be accepted by DEP. Laboratory Director Signature and Date								
Attention: Mail TWO copies of this report to your DEP Regional Office within to days of receipt of results and later than 10 days after the end of the reporting period FOR DEP/DWS USE ONLY: PLEASE INITIAL & DATE AS COMPLETED								
Accepted: Disapproved: Data Entered into WQTS:								
Comments:								